



THE NEW REIDSVILLE HOUSING AUTHORITY

924 Third Avenue, Reidsville, NC 27320
Phone: 336-589-6510 • Fax: 888-879-8030
Website: WWW.NEWRHA.ORG

EMPLOYMENT VERIFICATION

Your name was provided as an employer/manager for the referenced person below. Please complete this form and provide the requested information. Please return to us via mail or email ascales@newrha.org.

Employer Name: _____

Address: _____

Email Address: _____ Phone Number: _____

I _____ (employee) hereby authorize and request my employer to provide the following information which is necessary to complete my housing reexamination.

Signature Date

Does this person still work for you? _____ Position Held: _____

Starting Date: _____ End Date: _____ Average No. of Hours: _____ per week

Hourly Pay Rate: \$ _____ How often is this person paid? _____

Any additional compensation not included above (specify for commissions, bonuses, tips, etc.):

Reason: _____ \$ _____ per _____

Expected number of overtime hours during next 12 months: _____ per week.

Year to date Base Income: \$ _____ Year to date Overtime Income: \$ _____

Is this person on any kind of leave benefit (Maternity Leave, Worker's Comp, FMLA, etc.)? _____

Completed by: _____ Title: _____ Date: _____